A Satyam Roychowdhury initiative

A COMPARATIVE STUDY ON COMPARISON ORIENTATION, PERCEIVED SOCIAL SUPPORT AND OBJECTIFIED BODY CONSCIOUSNESS AMONG MARRIED AND UNMARRIED WORKING WOMEN

This dissertation is submitted for the partial fulfilment for the degree of

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A Satyam Roychowdhury initiative

DEPARTMENT OF PSYCHOLOGY, SISTER NIVEDITA UNIVERSITY

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CERTIFICATE

This is to certify that the dissertation entitled "A COMPARATIVE STUDY ON COMPARISON ORIENTATION, PERCEIVED SOCIAL SUPPORT AND OBJECTIFIED BODY CONSCIOUSNESS AMONG MARRIED AND UNMARRIED WORKING WOMEN", submitted by Purbita Bagal, a 2nd year M.Sc. student in Applied Psychology (Clinical Specialisation), Sister Nivedita University, is as bonafide work, which may be placed before the board of examiners for their evaluation. This is in partial fulfilment for the Degree of M.SC in Applied Psychology (Clinical Specialisation), Sister Nivedita University.

This is an original study done by the candidate and has been submitted by her before any form for any other degree of this University or any other University.

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PLAGIARISM CERTIFICATE

"I, Purbita Bagal , hereby declare that the research work titled," A COMPARATIVE STUDY ON COMPARISON ORIENTATION, PERCEIVED SOCIAL SUPPORT AND OBJECTIFIED BODY CONSCIOUSNESS AMONG MARRIED AND UNMARRIED WORKING WOMEN", conducted by me, has been completed with full honesty and integrity. I confirm that the work is original, and all sources of information have been appropriately acknowledged and cited. I take full responsibility for the content and findings presented in this research."

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ABSTRACT

The objective of the current study was to compare Social Comparison Orientation with its two domains Ability Comparison and Opinion Comparison, Perceived Social Support and Objectified Body Consciousness with its three domains Body Surveillance, Body Shame and Body Control Belief among Married and Unmarried Working Women. This was a cross-sectional research design including 122 samples consisting of married women (n=61) and unmarried women (n=61) aged 20-40 years from West Bengal. The variables were assessed by using Iowa-Netherlands Comparison Orientation Measure by Gibbons and Buunk(1999), Multidimensional Perceived Social Support Scale by Zimet et al. (1988) and Objectified Body Consciousness Scale by McKinley and Hyde(1996). Mean,SD,Stuednt t were used as statistical tool. The findings showed significant difference regarding Social Comparison Orientation with its two domains Ability Comparison and Opinion Comparison,Perceived Social Support and Objectified Body Consciousness with its two domains Body Surveillance and Body Shame and no significant difference in Body Control Belief among Married and Unmarried Working Women. These findings may help to understand women's perceptions and promote mental health policies based on marital status among working women.

Kewords : married,unmarried,women,comparison orientation,ability comparison,opinion comparison,perceived social support,objectified body consciousness,body surveillance,body shame,body control belief

INTRODUCTION

In modern society, women's roles have experienced dramatic change, especially in areas of education, career development, and economic autonomy. As women have become more active in the workforce, they are no longer relegated to traditional gender roles, and their economic inputs are now part of personal and societal growth. Nevertheless, in spite of all these changes, marriage remains a socially important institution, influencing expectations, obligations, and identity. For earning women, marital status can affect their psychological experiences, social perceptions, and self-judgments in several ways. Married earning women tend to face dual responsibilities for career and home life, working to balance work ambitions with relational and domestic duties. Unmarried earning women might have more career and personal control but might face special societal stress about marriage, attractiveness, and life satisfaction. Social relationship statuses and social roles have a profound impact on psychological experiences, affecting self-concept, body image, and social relationships. For women, marriage and singleness bring with them unique socio-cultural expectations that can affect their propensity to make social comparisons, their knowledge and internalization of objectification, and their perceived support from their social networks. Nonetheless, comparatively few studies have systematically addressed these psychological concepts regarding marital status and emphasized the requirement for in-depth comparative investigation. This study hopes to provide more comprehensive knowledge about Differences between married and unmarried women in terms of and Comparison Orientation ,Objectified Body Consciousness and Perceived Social Support. Learning more about these dimensions can help elicit more precise insights into the manner in which societal expectations and personal experiences mix to form earning women's identities and well-being along various courses of life.

Social comparison theory (Festinger, 1954) posits that individuals evaluate themselves by comparing others' experiences and their own abilities. Whereas early theories stressed situational influences (Blau, 1964; Festinger, 1954; Homans, 1961; Merton, 1968; Pettigrew, 1967; Thibaut & Kelley, 1959), more contemporary research underscores individual differences in influencing comparison orientation. *Comparison orientation* refers to an individual's general tendency to compare themselves with others across various domains such as , abilities, or opinions. *Ability comparison* is a type of social comparison where individuals evaluate their skills, competencies, or performance in relation to

others. *Opinion comparison* involves comparing one's attitudes, beliefs, or values with others to evaluate the validity or social acceptability of one's views. (Gibbons & Buunk 1999).Earning women, coping with career pressures and societal expectations, show different comparison patterns depending on marital status. Married women would prioritize work-life balance, parenthood, and marital roles, whereas unmarried women would prioritize career advancement and independence. Cultural traditions still influence these experiences, such that married women experience double professional and family stress and unmarried women experience career and social approval barriers.In the computer age, the internet fuels the tendency to compare, affecting tension, well-being, and self-construction, particularly among youth. Women are especially prone to social comparison concerning beauty standards, which tend to be driven by media. Single women tend to feel more pressure to fit idealized body ideals, whereas married women direct attention toward familial and relational factors. Yet the effect of social comparison depends on individual differences, cultural settings, and social support.

Women's views of their bodies in contemporary society are constructed through culture, media, and social life and become internalized objectification. Objectified Body Consciousness (OBC) is looking at one's body from the outside in, where appearance takes precedence over functionality or health. Fredrickson and Roberts' (1997) Objectification Theory postulates that women learn to monitor their bodies for themselves, resulting in body shame and a sense of needing to control appearance. These factors significantly impact self-esteem and mental health.*Body-Surveillance* involves constant monitoring of one's body due to internalized beauty standards, contributing to anxiety and reduced confidence (McKinley & Hyde, 1996). *Body Shame* arises when individuals feel they fall short of societal ideals, affecting self-worth and relationships (Slater & Tiggemann, 2010). *Body Control Beliefs* solidify the fact that keeping one's ideal body is one's own doing and, most likely, the reason for stress and discontent (McKinley, 2011).Marriage status also is an essential element in developing OBC, especially in women with earning potential. Married women have expectations in being attractive to partners, while singles have expectations associated with being desirable in both societal and professional situations (Swami et al., 2010). Both sets of participants navigate body image issues in workplace cultures that value professional appearance (Patterson & England, 2020).This research investigates how marital status affects body surveillance, shame, and control beliefs in earning women. An understanding of these processes is necessary to promote body positivity, disrupt objectification norms, and encourage mental health. Although unmarried

women experience increased OBC as a response to dating pressure, married women are also confronted with body-related insecurities from marriage expectations, pregnancy, and aging. Nevertheless, emotional security in marriage has been proposed to decrease OBC (McKinley & Hyde, 1996). Findings from this study can be applied in workplace policies, mental health counseling, and social programs that aim to minimize body-related distress among women.

Perceived Social Support is a subjective measure of a person's belief in the availability, sufficiency, and dependability of family, friend, and significant other support, including emotional, informational, and instrumental support (Cobb, 1976). It is an indicator of one's trust that they have a support network to call upon when they experience stress or need, which can promote psychological well-being, resilience, and life satisfaction. Social support plays an essential role in balancing family and job demands for working women. Support is often from the spouse and the extended family and may generate additional domestic burdens, as well as providing emotional security (Antonucci & Akiyama, 1987). Single women draw more on friends, coworkers, and close relatives, having higher levels of autonomy but with pressures from society regarding marriage and career advancement (Thoits, 2011).Social Support Theory (Cohen & Wills, 1985), Attachment Theory (Bowlby, 1988), and Role Strain Theory (Goode, 1960) account for the impact of social support on stress coping and well-being. Studies of married and unmarried women reveal conflicting results—some indicate that marriage offers built-in support, while others propose that robust external networks make up for the lack of a spouse (Taylor, 2011). Workplace culture, economic independence, and hardness also have important roles in influencing social support perceptions (Turner & Marino, 1994).This research investigates variations in perceived social support between married and unmarried working women, exploring major sources of support and their effects on psychological well-being, job satisfaction, and quality of life.Such knowledge can be used to guide policies and workplace programs to improve well-being for all working women.

Knowledge of the processes of social comparison, objectified body consciousness, and perceived social support among unmarried and married working women is significant in understanding gendered psychological lives in contemporary society. Through these variables, the current study attempts to shed light on how marital status affects the well-being and self-concept of women. The results can guide interventions and policies for women's mental health, body positivity, and social support systems in personal and workplace environments. At a time when self-perception is being mediated more and more

by social factors, the effects of marital status on SCT, OBC, and PSS are essential to understanding how to promote a comprehensive approach to women's psychological health. This research will add to the current literature by identifying the subtle ways in which social expectations, relational dynamics, and social support structures impact women's self-concept and emotional well-being.

LITERATURE REVIEW

The current study explores how married and unmarried working women experience Comparison Orientation, Objectified Body Consciousness, and Perceived Social Support. It examines how marital status shapes self-perception, confidence, and well-being, drawing from research and theories to understand the unique challenges women face in balancing societal expectations, personal aspirations, and professional lives.

COMPARISON ORIENTATION

Tariq and Ahmad (2023) investigated the connection between intensive mothering, social comparison orientation, and psychological well-being among working mothers. Through purposive sampling, they surveyed 238 mothers (115 experienced and 123 new) between the ages of 23 and 50 from Islamabad and Rawalpindi. The study employed the Parenting Sense of Competence Scale (PSCS), the Iowa-Netherlands Comparison Orientation Measure (INCOM), and the Psychological Well-Being Scale (PWS) to evaluate intensive mothering, social comparison orientation, and psychological well-being, respectively.The findings indicated a negative correlation between both intensive mothering and psychological well-being, as well as between social comparison orientation and psychological well-being. Furthermore, social comparison orientation was found to significantly mediate the relationship between intensive mothering and well-being. New mothers exhibited higher levels of social comparison orientation, intensive mothering, and psychological well-being compared to experienced mothers, with age showing a significant association with these variables.This study underscores the profound influence of social comparison among mothers, suggesting that many may not fully recognize its detrimental effects on their parenting confidence and mental well-being. Increasing awareness of these impacts could help mothers better manage the psychological distress associated with social comparison.

Jafari et al.(2024) explored the mediating role of body dissatisfaction in the link between social comparison orientation (SCO) and sexual satisfaction among married women. This descriptive correlational study included 385 participants recruited from health centers in Tehran in fall 1402 (Iranian calendar). The study utilized the Body Dissatisfaction Questionnaire (Cooper et al., 1987), the Social Comparison Orientation Scale (Gibbons & Banks, 1999), and the Sexual Satisfaction Questionnaire (Hudson et al., 1981) to assess key variables. Pearson's correlation test and structural equation modeling were used for data analysis. Results indicated that SCO negatively predicted sexual

satisfaction, while SCO positively predicted body dissatisfaction, which in turn negatively influenced sexual satisfaction. Ultimately, body dissatisfaction mediated the relationship between SCO and sexual satisfaction, highlighting the impact of social comparison on body image and intimate relationships.

Park and Baek (2018) examined the dual nature of social comparison on Facebook, focusing on the relationship between social comparison orientation, emotions, and psychological well-being. Analyzing national survey data, the study revealed that individuals with a stronger tendency for ability-based social comparison experienced both positive and negative emotional effects. Specifically, feelings of envy and depression (upward contrastive emotions) were linked to lower well-being, whereas emotions like sympathy and concern (downward assimilative emotions) contributed to improved well-being. On the other hand, those with a stronger inclination for opinion-based social comparison experienced greater optimism and inspiration (upward assimilative emotions) while also reporting lower levels of envy and depression, ultimately enhancing their well-being. These findings highlight how the psychological effects of social comparison on social networking sites (SNSs) depend on whether individuals compare their abilities or opinions, as well as the emotions elicited by these comparisons. The study offers valuable theoretical insights and practical strategies for promoting healthier social media use.

The study named **Burnout, Social Comparison Orientation and the Responses to Social Comparison among Teachers in The Netherlands by Abraham Pieter Buunk and Veerle Brenninkmeijer (Oct 2022)** examined the relationship between social comparison, burnout, and individual differences in social comparison orientation (SCO) among teachers in the Netherlands. Study 1 used retrospective measures, while Study 2 presented scenarios featuring well- or poorly functioning colleagues. Findings indicated that burnout was linked to more negative responses to both types of colleagues, particularly a diminished positive response to well-functioning colleagues. High-SCO individuals experienced positive affect when identifying with well-performing colleagues, whereas high-burnout individuals identified more with poorly performing colleagues and contrasted themselves negatively with well-performing ones. The impact of social comparison on burnout was stronger among those high in SCO, highlighting the role of dispositional comparison tendencies in burnout-related distress.

A. Zwenneke Bosch, Abraham P. Buunk, Frans W. Siero, Justin H. Park(16 July 2009) explored Why some women can feel more, and others less,

attractive after exposure to attractive targets: The role of social comparison orientation. Since social comparison often involves focusing on similarities, this study examined whether individual differences in social comparison orientation (SCO) moderate the effects of upward and downward comparisons. Study 1 found that individuals high in SCO were more likely to focus on similarities, suggesting a general tendency toward assimilation. In Study 2, higher SCO was linked to improved mood after exposure to an attractive target but worsened mood after exposure to a less attractive target. Similarly, in Studies 2 and 3, higher SCO was associated with more positive self-evaluations of attractiveness after viewing an attractive target and more negative self-evaluations after viewing a less attractive target. These findings highlight the importance of considering individual differences in SCO when studying the effects of social comparison.

The study of Thin-Ideal Internalization and Comparison Orientation as Moderators of Media Models' Impact on Women's Body-Focused Anxiety by Helga Dittmar and Sarah Howard(2005) explored how exposure to thin media models affects women's body image, focusing on two key moderators: internalization of the thin ideal and tendency for appearance-related social comparison. Using a sample of 150 professional women, researchers assessed body-focused anxiety after exposure to thin models, average-size models, or no models (control). Regression analyses confirmed that both internalization and social comparison influence media effects, but internalization plays a more direct role in shaping anxiety. Negative reactions to thin models occurred only among women with high internalization, while strong social comparison, when combined with high internalization, diminished the positive effects of exposure to average-size models. These findings emphasize the need for methodological refinements, further research, and targeted interventions to mitigate media-driven body image concerns.

Lee (2020) examined how social comparison orientation (SCO) on social networking sites (SNSs) affects psychological well-being, focusing on the mediating roles of perceived social support and self-esteem. Using an online survey of 236 participants in South Korea, the study found that SCO negatively impacted psychological well-being. While perceived social support alone did not mediate this relationship, self-esteem showed a significant negative mediation effect, and a negative serial mediation effect emerged when both perceived social support and self-esteem were considered together. The findings suggest that SCO on SNSs can evoke negative emotions, reducing perceived social support, lowering self-esteem, and ultimately harming psychological

well-being. The study provides theoretical insights, practical implications, and recommendations for future research.

Buunk (2006) investigated how relationship satisfaction and social comparison orientation (SCO) influence responses to a happily married individual, depending on whether their marriage was portrayed as requiring high or low effort. Among 103 married participants, those with higher SCO experienced more positive affect and greater identification with the high-effort couple, while the low-effort couple elicited more negative affect and lower identification. Additionally, higher SCO was linked to greater positive affect and identification among those with high relationship satisfaction. In the high-effort condition, but not the low-effort condition, identification mediated the relationship between SCO, relationship satisfaction, and emotional responses. Regardless of the effort manipulation, perceiving greater effort—especially among those satisfied in their relationships—was associated with higher identification. Lastly, men, married individuals, and older participants showed stronger identification with the happily married target when their relationship satisfaction was high.

Fitzsimmons et al. (2014) examined the role of social comparison (body, eating, exercise) and body surveillance as mediators in the relationship between thin-ideal internalization and body dissatisfaction within an expanded sociocultural model of disordered eating. The study followed 219 college women over two questionnaire sessions spaced three months apart. The cross-sectional model, which incorporated social comparison and body surveillance as mediators, fit the data well, with a significant indirect effect from thin-ideal internalization to body dissatisfaction. Social comparison emerged as a significant mediator, whereas body surveillance did not. Although the mediation model was not supported prospectively, social comparison predicted body dissatisfaction and disordered eating three months later. These findings suggest that thin-ideal internalization does not directly lead to body dissatisfaction, emphasizing the need to address social comparison in prevention and intervention efforts targeting disordered eating.

Buunk and Dijkstra (2011) examined how model attractiveness, gender priming, and social comparison orientation (SCO) influence women's attitudes toward a product in advertising. In an experiment with 85 female undergraduate students, participants viewed a chewing gum advertisement featuring either an attractive or moderately attractive same-sex model. Some participants were primed on their gender, while others were not. The results showed that women who were not gender-primed were willing to pay more for

the product when it was endorsed by an attractive model, and those with higher SCO had a more favorable attitude toward the product when promoted by an attractive model rather than a moderately attractive one. However, gender-primed women reacted differently; they were less willing to pay for the product when it was endorsed by an attractive model, and those with higher SCO had a less positive attitude toward it when promoted by an attractive model rather than a moderately attractive one. The study highlights the complex role of social comparison and gender priming in advertising effectiveness.

Hill and Nolan (2021) investigated the relationship between fit ideal internalization and drunkorexia engagement in women, using the Tripartite Influence Model as a framework. The study explored whether eating disorder-related social comparison orientation (SCO) and body dissatisfaction acted as mediators in this relationship. Data were collected from two samples—198 college undergraduate women and 324 women recruited via Amazon Mechanical Turk—through online questionnaires between March and June 2020. Results indicated that fit ideal internalization, body dissatisfaction, and eating disorder-related SCO were associated with drunkorexia. However, path analyses revealed that eating disorder-related SCO mediated the relationship between fit ideal internalization and drunkorexia, whereas body dissatisfaction did not. Additionally, when analyzing different forms of eating disorder-related SCO (body, eating, exercise), distinct patterns emerged across the samples. The study highlights the need for further research on mediators and moderators in the link between social comparison and disordered eating behaviors.

PERCEIVED SOCIAL SUPPORT

Qadir et al. (2013) examine how marital relationships and perceived social support affect the mental health of married Pakistani women. Analyzing data from 277 women in Rawalpindi using ive psychometric scales: the Couple Satisfaction Index (CSI-4), Locke-Wallace Marital Adjustment Test (LWMAT), Relationship Dynamic Scale (RDS), Multidimensional Scale for Perceived Social Support (MSPSS), and the Hospital Anxiety and Depression Scale (HADS), the study found that higher social support reduces depression and anxiety by improving marital satisfaction and adjustment while lowering negative relationship dynamics. Structural equation modeling confirmed that social support enhances marital well-being, indirectly reducing mental health risks. Factors like nuclear family structure, lower education, and higher socio-economic status were linked to increased mental illness. The study highlights

the need for marital interventions and the protective role of social support in mitigating psychological distress.

Harvey & Alexander (2012) explore the impact of social support on health behaviors among older women using three waves of data from the Americans' Changing Lives (ACL) survey. Analyzing 671 African American and non-Hispanic white women aged 60+, the study found that positive support from friends significantly predicted physical activity, while support from spouses, children, and health-specific sources had no notable effect. The findings highlight the crucial role of friendships in promoting physical activity among older women.

Adamczyk (2015) examined differences in loneliness and perceived social support between single and partnered young adults. Using a sample of 315 Polish university students (ages 19–25), the study found that single individuals experienced higher romantic and family loneliness and received less support from significant others and family. Women reported lower social loneliness and higher perceived support than men. Relationship status and gender influenced social support from significant others and friends. Additionally, longer single status predicted greater romantic loneliness, but strong family and significant-other support helped mitigate this effect.

Fahrenkamp (2001) investigated how age, gender, marital status, and perceived social support predict self-esteem. While previous research suggested that never-married individuals have lower self-esteem than married individuals, this study examined the extent of social support's influence. A total of 177 participants from a metropolitan church completed surveys measuring self-esteem and perceived social support from family and friends. Regression analysis revealed that social support and gender significantly predicted self-esteem, while age and marital status had little to no impact. These findings challenge previous research, suggesting that never-married individuals may be experiencing greater social acceptance and stronger self-identity. Future studies could explore qualitative aspects of social relationships beyond marriage.

Gupta et al. (2018) explored the relationship between disability severity, intimate partner violence (IPV), in-law violence, and perceived social support among married women in Nepal. Analyzing baseline data from a 2016 randomized controlled trial (n=1800), the study found that women with severe impairments faced significantly higher levels of physical, sexual, emotional, economic, and in-law violence compared to those without disabilities. Women with some impairment also experienced increased economic and in-law violence. Additionally, both groups reported lower

perceived support from in-laws. The findings highlight a gradient of IPV risk based on disability severity, emphasizing the need for further research on contributing factors.

Cairney et al. (2003) investigated how stress and social support influence the relationship between single-parent status and depression. Using data from the 1994–95 National Population Health Survey (N=2,921), the study compared single and married mothers through logistic regression analysis. Findings revealed that single mothers had a higher likelihood of experiencing depression, greater chronic stress, more recent life events, and increased childhood adversities compared to married mothers. They also reported lower social support, less social involvement, and fewer interactions with friends and family. Multivariate analysis showed that stress and social support explained nearly 40% of the link between single-parent status and depression. Additionally, life events had a stronger association with depression among married mothers than single mothers. The study highlights the need to consider various stressors, as single mothers experience greater exposure to both immediate and long-term stressors.

Okedare & Fawole (2024) examined the impact of social support on intimate partner violence (IPV) among married and cohabiting young women in urban slums of Ibadan, Nigeria. Conducting a community-based survey in ten slum communities, the study analyzed data from 314 women. Results showed a high prevalence of IPV, with 86.3% experiencing at least one form, and 66.6% reporting psychological IPV. Despite this, 58.1% had never disclosed their experiences. Social support significantly influenced psychological and overall IPV but not physical IPV. Cohabiting women faced higher IPV rates, and both union type and duration were key predictors. The study emphasizes the role of social support in helping abused women cope and highlights the need for IPV prevention efforts that strengthen support systems.

Okoli et al. (2019) examined the relationship between marital dissatisfaction, perceived social support, and depression among married individuals. The study included 276 members of the Catholic Men Organization (CMO) and Catholic Women Organization (CWO) in Awka Diocese, selected through random sampling. Participants, aged 24 to 55 (M = 46.12, SD = 18.34), completed the Index of Marital Satisfaction (IMS), Depression subscale (Scale D) of the Symptom Distress Checklist-90 (SCL-90), and the Multidimensional Scale of Perceived Social Support (MSPSS). Data analysis using multiple linear regression showed that marital dissatisfaction did not significantly predict depression. However, social support from family,

friends, and significant others negatively predicted depression, indicating its protective role. The study suggests that individuals should focus on improving marital experiences and maintaining strong social support networks to reduce the risk of depression.

Kaveh Farsani and Worthington (2024) investigated the impact of marital empathy, body image, and perceived social support on the quality of life (QoL) of married women with breast cancer, with a focus on the mediating role of perceived marital quality. The study included 160 participants selected through purposive accessible sampling. Measures assessed body image, marital empathy, social support, perceived marital quality, and QoL, with data analyzed using structural equation modeling. Findings revealed that marital empathy, body image, and social support directly influenced QoL ($P < 0.001$). Additionally, marital empathy and body image also had an indirect effect on QoL through perceived marital quality, whereas social support had only a direct effect. The study highlights the importance of both relational and psychological factors in improving the well-being of married women with breast cancer.

Mikaeili Manee, Shirzadeh, and Ab Khiz[2022] examined the relationship between marital satisfaction, perceived social support from a spouse, and life satisfaction in married women, considering the moderating effects of occupation and perceived socioeconomic status. This cross-sectional, descriptive-correlational study utilized structural equation modeling and included 452 married women from Urmia, selected through non-random purposive sampling. Data were collected via online surveys using the Diener Life Satisfaction Scale (1985), Kansas Marital Satisfaction Scale (1983), and Zimet et al.'s Multidimensional Scale of Perceived Social Support (1988). Analysis, conducted using Smart PLS software, found significant direct effects of marital satisfaction ($\beta=0.588$, $t=12.734$), perceived social support from a spouse ($\beta=0.179$, $t=2.449$), and perceived socioeconomic status ($\beta=0.199$, $t=5.158$) on life satisfaction. Additionally, perceived socioeconomic status significantly moderated the relationship between spousal social support and life satisfaction ($\beta=0.153$, $t=2.336$). The model fit was appropriate (GOF=0.599). These findings suggest that enhancing marital satisfaction, social support, and socioeconomic conditions may contribute to improving life satisfaction among married women, with potential applications in family counseling and training programs.

Fernandes, Sanyal, and Dhupar [2016]conducted a study to explore the relationship between perceived social support, positive and negative affect, and psychological well-being among married and widowed older adults.

Using a non-probability purposive sampling method, they selected 120 participants aged 60 and above, evenly divided between men and women, with 30 married and 30 widowed individuals in each gender group. The study utilized the Interpersonal Support Evaluation List (ISEL-12) (Cohen & Hoberman, 1983) to measure perceived social support, the Positive and Negative Affect Schedule (PANAS) (Watson, Clark, & Tellegen, 1988b) for affect assessment, and Ryff's Scales of Psychological Well-Being (Ryff, 1989) to evaluate psychological well-being. Results indicated significant differences between married and widowed individuals regarding positive and negative affect and psychological well-being ($p < 0.05$), while no significant gender differences were found in these variables. Additionally, significant correlations were observed between perceived social support, affect, and psychological well-being ($p < 0.05$). The findings highlight the crucial role of affect in older adults' psychological well-being and suggest that fostering social networks can contribute to successful aging.

OBJECTIFIED BODY CONSCIOUSNESS

According to the **Object Lessons: A Theoretical and Empirical Study of Objectified Body Consciousness in Womenby Stacey L. Sinclair published on Journal of Mental Health Counseling (2006)** theorists have increasingly highlighted the role of sociocultural factors in shaping women's experiences with their bodies. Consequently, mental health professionals working with individuals struggling with negative body perceptions should be informed about culturally relevant theories. One such framework, objectified body consciousness theory, suggests that societal portrayals of the female body as an object, along with expectations of physical and sexual attractiveness, contribute to various negative mental health outcomes for women. This study examined the connections between experiences of objectification, sociocultural attitudes toward appearance, and objectified body consciousness. The findings strongly support a feminist and sociocultural perspective on the development of objectified body consciousness. The study also discusses its implications for mental health counseling and future research.

The study ***Objectified Body Consciousness in a Developing Country: A Comparison of Mothers and Daughters in the US and Nepal*** **by Mary Crawford, I-Ching Lee, Galina Portnoy, Alka Gurung, Deepti Khati, Pinky Jha, and Anjana Chalise Regmi (published on August 7, 2008)** examined self-objectification among women in the United States and Nepal. Using convenience samples, the researchers compared 23 pairs of Nepali mothers and daughters with 24 pairs of U.S. mothers and daughters, assessing self-

objectification through both quantitative and qualitative measures. The findings revealed cultural and generational differences: Nepali women engaged in less self-surveillance than their American counterparts, and older women in both cultures exhibited lower levels of self-surveillance than younger women. Despite these differences, women from both groups expressed strong beliefs in their ability to control their bodies. Additionally, a unique aspect of body consciousness, termed *Functionality*, emerged as particularly significant for younger Nepali women.

The study *Self-Objectification, Body Self-Consciousness During Sexual Activities, and Sexual Satisfaction in College Women* by Kim Claudat and Cortney S. Warren (September 2014) explored the connections between body surveillance, body shame, body self-consciousness during sexual activity, and sexual satisfaction among an ethnically diverse sample of American female college students (N = 368). Grounded in objectification theory, the research controlled for factors such as relationship status and body mass index. Findings from self-reported data indicated that both body shame and body self-consciousness during sexual activity were negatively associated with sexual satisfaction. Additionally, path analysis revealed that body surveillance led to greater body self-consciousness during sexual activity, with body shame acting as a partial mediator. In turn, heightened body self-consciousness was linked to lower sexual satisfaction. Overall, the study underscores the detrimental impact of body image concerns on women's sexual well-being.

The study *Self-Objectification, Objectified Body Consciousness, and Eating Attitudes in Adults* by Tahseen Aasma Yousaf, published in the *Pakistan Journal of Professional Psychology: Research and Practice (PJPPRP)* on June 21, 2023, aimed to explore the relationships between self-objectification, objectified body consciousness, and eating attitudes in adults. The study proposed two hypotheses: (1) self-objectification, objectified body consciousness, and eating attitudes are interrelated, and (2) self-objectification predicts objectified body consciousness and eating attitudes. A total of 161 participants aged 18 to 30 were recruited through non-probability purposive sampling from various gyms in Lahore. Findings from the Pearson Product Moment Correlation indicated that self-objectification was positively associated with eating attitudes, body surveillance, and body shame but negatively correlated with appearance control beliefs. Additionally, multiple regression analysis identified self-objectification as the strongest predictor of appearance control beliefs and body surveillance. The study concludes that self-objectification contributes to distorted self-perceptions and unhealthy eating attitudes, highlighting the need to promote realistic body image goals in society.

The study *Body Consciousness and Self-Objectification in Female Collegiate Students of Kolkata* by Shristee Rai and Geetika Sachdeva[2017] explores the impact of cultural and societal influences on the sexual objectification of women. It examines the relationship between self-objectification and self-esteem, considering factors such as body shame and body image-related anxiety. The study highlights that women often internalize an external perspective of their bodies as the ideal, leading to continuous self-monitoring, which in turn increases the risk of eating disorders. Additionally, findings suggest that self-objectification tends to intensify in the presence of men and is further heightened by comparisons with thin friends or siblings. A total of 212 college-aged women (19–23 years old) participated in the study by completing self-report measures. The primary goal was to assess young women's perceptions of their physical appearance, their level of body consciousness, and the key contributing factors. Results revealed a significant negative correlation between self-objectification and self-esteem. Furthermore, the presence of an observer exacerbated self-surveillance, intensifying concerns about weight. Lastly, the study underscores the significant role of media in reinforcing unrealistic beauty standards.

The study *The Role of Social Comparison and Body Consciousness in Women's Hostility Toward Women* by Bianca N. Loya, Gloria Cowan, and Christine Walters (published on October 27, 2006) explored the relationship between women's hostility toward other women (HTW) and factors such as negative upward comparison, discounting, and body consciousness. The researchers also examined the impact of viewing images of women on HTW. Findings indicated that women who were exposed to these images exhibited higher levels of HTW compared to those in the control group. When analyzing the two conditions separately, HTW was found to be linked to devaluing the attractiveness of both highly attractive and average-looking women, but not to negative upward comparison. While discounting was associated with HTW, body shame showed a consistent relationship with both negative upward comparison and HTW.

The study *Objectified Body Consciousness, Physical Activity, and Dietary Intake in Women* by Mark D. Faries and Elizabeth Espie (published on March 11, 2016) examined the connections between objectified body consciousness (OBC), physical activity, dietary intake, and self-efficacy in weight management among adult women. Using a cross-sectional survey, the researchers found that OBC accounted for a small but statistically significant variation in moderate and vigorous physical activity levels. Additionally, self-efficacy partially mediated the weak relationship between control beliefs and

vigorous physical activity. Differences in OBC were observed between women trying to lose weight and those aiming to maintain their weight, as well as across different body mass index (BMI) levels. Overall, the findings suggest a complex interaction between OBC and health behaviors, showing associations with restrained and disordered eating but minimal to no relationship with physical activity levels or dietary choices.

The study *Objectified Body Consciousness and Social Interaction Anxiety: Self-Confidence as a Moderator* by Dr. Aneesh V. Appu and Ms. Vineetha Lukose, published in the *Indian Journal of Health Studies* (Vol 4, Issue 1, 2019), investigated the relationship between objectified body consciousness (OBC) and social interaction anxiety among adolescents. Additionally, it examined the moderating role of self-confidence in this relationship. The study included 120 students (both boys and girls) aged 13 to 21. Data were collected using the *Objectified Body Consciousness Scale* (McKinley & Hyde, 1996), the *Self-Confidence Inventory* (Basavanna, 1975), and the *Social Interaction Anxiety Scale* (Mattick & Clarke, 1998).Findings revealed that body surveillance was negatively and significantly associated with self-confidence, while body shame showed a positive correlation with social interaction anxiety. Additionally, both body surveillance and social interaction anxiety were positively related. Self-confidence, on the other hand, was negatively correlated with social interaction anxiety, suggesting that higher self-confidence reduces anxiety in social settings. The study highlights the importance of fostering a healthy self-perception among adolescents, as negative self-evaluation can have a detrimental impact on their overall well-being. Strengthening self-confidence is emphasized as a crucial factor in healthy social development.

The study *Body Consciousness, Fear of Negative Appearance Evaluation, and Self-Esteem Among Middle-Aged Women* by Pavana Sivakumar and Swathi Mary Suresh (published in July 2024 in the *International Journal of Indian Psychology*) examined the relationships between body consciousness, fear of negative appearance evaluation, and self-esteem in middle-aged women (ages 40–65). The study aimed to explore how these factors interact and influence mental health, particularly during significant life stages involving physical changes, such as pregnancy and aging.A sample of 165 middle-aged women participated in the study, and all three hypotheses were confirmed. Findings revealed a strong positive correlation between body consciousness and fear of negative appearance evaluation. Additionally, body consciousness was found to have a strong inverse relationship with self-esteem, indicating that higher body consciousness is associated with lower self-esteem. Similarly, fear of negative appearance evaluation also showed a significant negative correlation

with self-esteem.The study emphasizes the need for interventions that improve body perception and reduce appearance-related anxieties to enhance mental well-being.

The study *Body Surveillance and Self-Objectification: A Study among Female Collegiate Students* by Ms. Geetika Sachdeva and Ms. Payal Sen, published in the *National Journal of Education* (Vol. XXII No. 1, January 2024), analyzed self-report data from 212 female college students aged 19 to 23. The research aimed to explore how young women perceive their physical appearance and their level of self-consciousness. Findings revealed a significant negative relationship between self-objectification and self-esteem, indicating that higher self-objectification is associated with lower self-esteem.

The study *Objectified Body Consciousness and Social Media Usage Among Young Adults* by Lisha Khatri (2024) examined the relationship between Objectified Body Consciousness (OBC) and social media usage among 120 young adults aged 18 to 25 from Delhi NCR. Using purposive sampling, data was collected through the 24-item *Objectified Body Consciousness Scale*. Participants were divided into two groups based on social media usage (less than 5 hours vs. more than 5 hours), but the findings indicated no significant difference in OBC levels between the groups.

METHODS

AIM

The aim of the present study is to compare among Married and Unmarried Working Women in terms of Comparison Orientation, Objectified Body Consciousness, and Perceived Social Support.

OBJECTIVES

- To find out whether there is any significant difference between married and unmarried woman regarding Social Comparison Orientation including its two domains i.e. Ability-Based Comparison and Opinion-Based Comparison
- To find out whether there is any significant difference between married and unmarried woman regarding objectified body consciousness including its three domains i.e. Body Surveillance, Body Shame And Body Control Belief
- To find out whether there is any significant differences between married and unmarried woman regarding Perceived Social Support

HYPOTHESIS

- There is no significant difference between married and unmarried woman regarding Ability Based Comparison
- There is no significant difference between married and unmarried woman regarding Opinion Based Comparison
- There is no significant difference between married and unmarried woman regarding Comparison Orientation
- There is no significant difference between married and unmarried woman regarding Perceived Social Support
- There is no significant difference between married and unmarried woman regarding Body Surveillance
- There is no significant difference between married and unmarried woman regarding Body Shame
- There is no significant difference between married and unmarried woman regarding Body Control Beliefs
- There is no significant difference between married and unmarried woman regarding Objectified Body Consciousness

VARIABLES

Comparison Orientation: Comparison Orientation refers to an individual's tendency to compare themselves to others as a way of evaluating their own abilities, opinions, or attributes. People high in comparison orientation are more likely to engage in frequent and deliberate social comparisons across various domains(Gibbons & Buunk 1999) It involves two important dimensions:

- Ability-Based Comparison: The comparison of one's skills, competencies, and achievements to others. This form of comparison can have an impact on self-efficacy, career confidence, and career advancement, which can be different for different marital statuses based on different life responsibilities and social expectations.
- Opinion-Based Comparison: An evaluation of your beliefs, values, and attitudes in comparison with others. Difference in marital status can account for differences in opinion-based comparisons due to differences in life experiences and social roles informing views on family responsibilities, career aspirations, and work-life balance.

Social Comparison is the process through which individuals compare their own skills, accomplishments, and attitudes with those of others (Festinger, 1954). It affects self-esteem, confidence, and choice (Myers & Crowther, 2009). The variable will be measured via a standardized social comparison orientation scale evaluating the frequency, direction, and affective response of comparisons on both personal and professional levels.

Objectified Body Consciousness: Internalization of cultural ideals for beauty and the disposition to look at one's body as an object to be assessed on the basis of looks and not use is known as objectified body consciousness (Fredrickson & Roberts, 1997). It has three main dimensions:

- Body surveillance: The routine inspection of one's looks, which can be affected by marital status because of varying social norms about being attractive and presenting oneself.
- Body shame: Shame or dissatisfaction at the fact that one's body does not meet societal standards, which could differ depending on perceived marital versus single expectations.
- Body Control Beliefs: The degree to which people perceive that they can control their appearance by their own efforts like dieting, exercise, or grooming habits, which could be different due to differing lifestyle among married and unmarried women.

Research has shown that increased levels of objectified body consciousness are associated with increased body dissatisfaction and decreased psychological well-being (Moradi & Huang, 2008). This factor will be measured using the objectified body consciousness scale, which has previously been used extensively in body image concern research.

Perceived Social Support : perceived social support is an individual's sense of the presence and sufficiency of emotional, informational, and instrumental support available from sources like family, friends, and close others (Zimet, Dahlem, Zimet, & Farley, 1988). It can be separated into three principal dimensions:

- Family Support: The level of emotional reassurance, practical assistance, and encouragement from family members. Married women might feel greater support from spouses and in-laws, whereas unmarried women might depend more on parental or sibling support.
- Friend Support: The extent to which friendships are used for companionship, guidance, and emotional stability. Unmarried women are likely to indicate greater dependence on peer support, whereas married women are likely to experience reorganization of social networks as a result of marriage responsibilities.
- Significant Other Support: Support from a dating partner or close confidant. Married women are likely to have greater spousal support, whereas unmarried women are likely to be more dependent on close friends or dating partners.

Higher perceived social support is said to be linked with greater psychological resilience and well-being (Cohen & Wills, 1985). The variable will be quantified by The Multidimensional Scale Of Perceived Social Support (MSPSS), assessing support in various relationships.

TOOLS

IOWA NETHERLAND COMPARISON ORIENTATION MEASURE :

Social Comparison is defined as the inclination to judge parts of oneself—behavior, opinions, status, and accomplishment—against others (Buunk & Gibbons, 2007). Individual differences in this activity were framed by Gibbons and Buunk (1999) as Social Comparison Orientation (SCO), drawing on Festinger's (1954) Theory of Social Comparison. To measure this construct, they created the Iowa-Netherlands Comparison Orientation Measure (INCOM), an 11-item scale that measures how much a person is inclined to compare themselves with others. It utilizes a 5-point likert scale (1 = strongly disagree to

5 = strongly agree), and scores increase as the person is more inclined towards social comparison. The INCOM separates two fundamental dimensions: ability-based comparisons (assessing performance, achievements, or skills) and opinion-based comparisons (examining beliefs, preferences, and values in comparison with others). These dimensions match festinger's (1954) structure, separating the questions "how am i doing?" (items 1–6) and "what should i think or feel?" (items 7–11). Reverse-scored items (items 5 and 11) are added to the scale to minimize acquiescence bias (Oskamp & Schultz, 2004).well-established across cultures, the INCOM registers high internal consistency (cronbach's alpha: 0.78–0.85) and has been applied extensively in psychological studies to investigate the functioning of social comparison in self-judgment, well-being, and interpersonal processes. The INCOM is a valid and consistent measure for cross-cultural research on social comparison tendencies.

OBJECTIFIED BODY CONSCIOUSNESS SCALE

The objectified body consciousness scale (obcs), constructed by McKinley and Hyde (1996), measures the extent to which one involves in self-objectification. It consists three subscales: Body Surveillance (body surveillance is the persistent monitoring and evaluation of one's body, often against societal standards of beauty), Body Shame (criticizing or judging one's own physical appearance, at not meeting cultural ideals of beauty), and Body Control Beliefs (it refers to the belief that individuals can control or modify their physical appearance through effort, influencing their body image, self-esteem, and behaviors.). The scale contains 24 items scored on a 7-point likert scale (1 = strongly disagree to 7 = strongly agree). Increased scores on body surveillance and body shame reflect increased self-objectification, while increased appearance control beliefs scores reflect a higher sense of control over one's appearance. Reverse-scored items are body surveillance (items 1, 2, 3, 4, 7, 8), body shame (items 13, 15), and appearance control beliefs (items 17, 18, 20, 21, 22, 24), for reverse items, responses 1 typically represents “strongly disagree” and 7 represents “strongly agree” - should be reversed. Higher subscale scores reflect a higher tendency toward objectified body consciousness. The scale indicates good internal consistency, as Cronbach’s alpha of .89 for body surveillance .75 for body shame, and.72 for body control beliefs.

MULTIDIMENSIONAL PERCEIVED SOCIAL SUPPORT SCALE

The Multidimensional Scale of Perceived Social Support (MSPSS), developed by Zimet et al. (1988), is a 12-item self-report scale designed to assess an individual's perceived social support from three key sources: family, friends, and a significant other. Each subscale consists of four items, rated on a 7-point

likert scale (1 = very strongly disagree, 7 = very strongly agree), with higher scores reflecting greater perceived support. The total score ranges from 12 to 84, with subscale scores between 4 and 28, categorized into low, moderate, or high support levels. The scale has demonstrated high reliability (cronbach's α = 0.88–0.95) and strong validity across diverse populations and cultures.in an indian adaptation of the MSPSS, internal reliability was assessed using cronbach's alpha and the split-half method in SPSS 23.0. Cronbach's alpha values for the three subscales ranged from 0.84 to 0.87, while the overall scale demonstrated excellent reliability with $\alpha = 0.92$. The split-half reliability further confirmed the scale's internal consistency (0.72 for the full scale), indicating robust reliability across different statistical methods.

SAMPLE

The present study was conducted on a sample of 122 working women of which 61 were married and 61 were unmarried. Their age range is 20-40 years

SAMPLING TECHNIQUE

Purposive Sampling Technique is used to collect data.

INCLUSION CRITERIA

- Married working women of West Bengal were included
- Unmarried working women of West Bengal were included
- The age range of 20-40 years were included
- Educational Qualification 12^{th} pass to Doctorate were included

EXCLUSION CRITERIA

- Women with no source of income
- Women outside from West Bengal
- The presence of any chronic physical and/or psychological difficulties

PROCEDURE

The study took a systematic order with the identification of the research problem from literature review of past research on social comparison, objectified body consciousness, and perceived social support among women. Although prior studies have examined these psychological factors among general female populations and adolescents, limited studies have examined the comparative impact of marital status among working women. Ethical clearance through informed consent was procured prior to the data collection. The data

collection was done through paper-pencil approach in offline mode which took around 4-6 weeks. After data collection, the responses were presented in a excel sheet prior to analysis via descriptive and inferential statistics using SPSS. The outcomes were then interpreted in order to investigate the influence of marital status on Comparison Orientation, Objectified Body Consciousness, And Perceived Social Support Among Working Women. The research concludes with a discussion of implications for psychological well-being to promote the mental health of women.

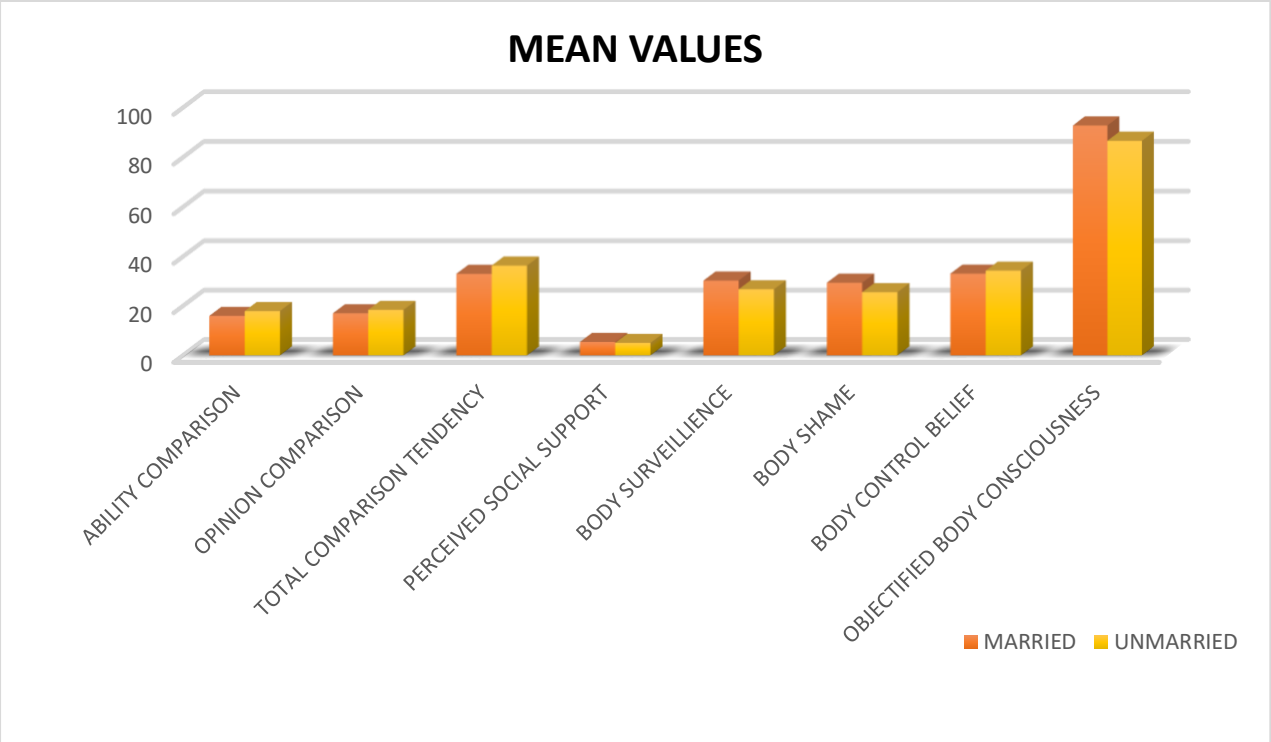
STATISTICS

Mean,SD and student t-statistic are used for this study.

RESULT

TABLE 1: shows the mean values of Comparison Orientation along with its two dimensions — Ability Comparison, Opinion Comparison; Perceived Social Support; and Objectified Body Consciousness including its three domains — Body Surveillance, Body Shame, Body Control Belief among Married and Unmarried Working Women.

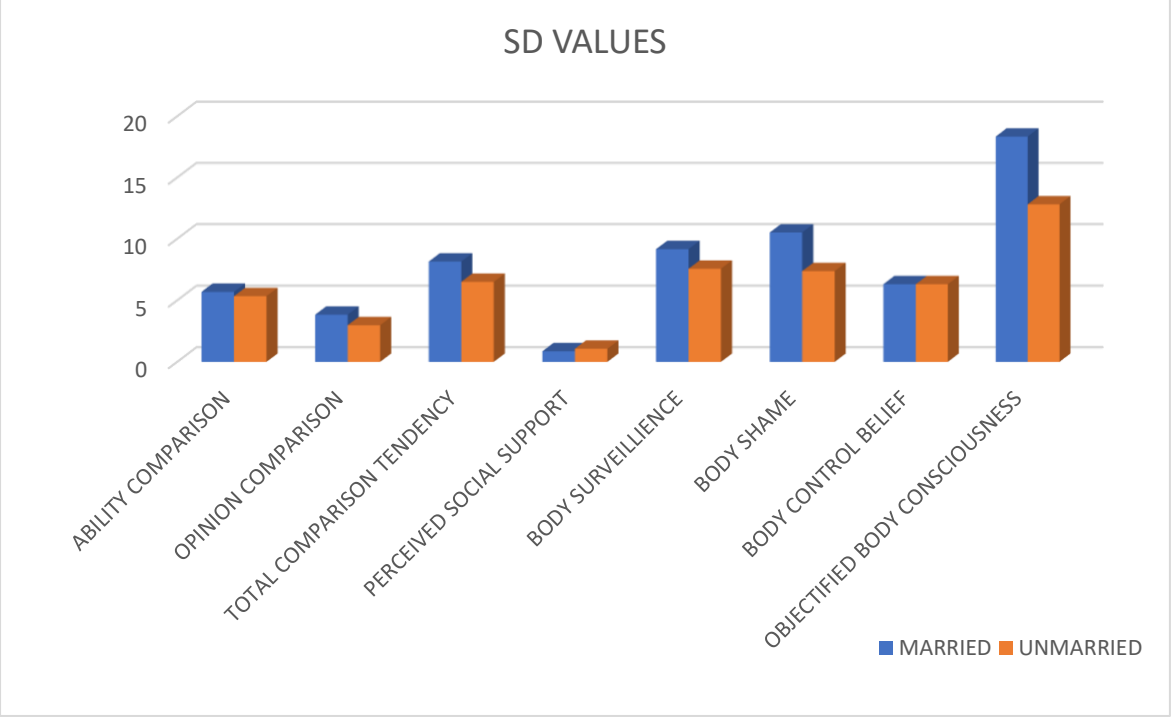
VARIABLES \ GROUPS		MARRIED	UNMARRIED
COMPARISON ORIENTATION	ABILITY COMPARISON	15.98	18.20
	OPINION COMPARISON	17.05	18.41
	TOTAL COMPARISON ORIENTATION	33.03	36.36
	PERCEIVED SOCIAL SUPPORT	5.43	5.04
OBJECTIFIED BODY CONSCIOUSNESS	BODY SURVEILLIENCE	30.28	26.77
	BODY SHAME	29.44	25.59
	BODY CONTROL BELIEF	33.10	34.31
	OBJECTIFIED BODY CONSCIOUSNESS	92.82	86.67



The mean scores of Comparison Orientation along with its two dimensions — Ability Comparison, Opinion Comparison; Perceived Social Support; and Objectified Body Consciousness including its three domains — Body Surveillance, Body Shame, Body Control Belief among Married and Unmarried Working Women are presented in the above table. Between the two groups Unmarried Women have the higher mean score than Married Women in both Ability Comparison,Opinion Comparison as well in the overall Comparison Orientation Area.On the other hand Married Women have quite higher mean scores in Perceived Social Support. While Body Survellience,Body Shame among Married Women is higher, Unmarried Women scored higher in Body Control Belief than Married Women. By comparing the overall Objectified Body Consciousness Married Women reported higher mean scores than the Unmarried Women.

TABLE 2 : Shows the SD values of Comparison Orientation along with its two dimensions — Ability Comparison, Opinion Comparison; Perceived Social Support; and Objectified Body Consciousness including its three domains — Body Surveillance, Body Shame, Body Control Belief among Married and Unmarried Working Women.

VARIABLES / GROUPS		MARRIED	UNMARRIED
COMPARISON ORIENTATION	ABILITY COMPARISON	5.685	5.240
	OPINION COMPARISON	3.832	2.974
	TOTAL COMPARISON ORIENTATION	8.151	6.501
	PERCEIVED SOCIAL SUPPORT	.860	1.066
OBJECTIFIED BODY CONSCIOUSNESS	BODY SURVEILLIENCE	9.156	7.566
	BODY SHAME	10.511	7.372
	BODY CONTROL BELIEF	6.311	6.310
	OBJECTIFIED BODY CONSCIOUSNESS	18.337	12.802



The above table presents Standard Deviation values of Comparison Orientation along with its two dimensions — Ability Comparison and Opinion Comparison; Perceived Social Support; and Objectified Body Consciousness including its three domains — Body Surveillance, Body Shame and Body Control Belief among Married and Unmarried Working Women. Unmarried Women demonstrate lower SD than married woman indicating more consistent scores than the Married Women in all areas except Perceived Social Support. The Objectified Body Consciousness area shows the highest level of inconsistency that indicates that the ratings differ substantially. The scores of Unmarried Women's Perceived Social Support remain consistent as the SD value is <1. The lower to higher SD values indicates increasing inconsistent data starting from married women's perceived social support, opinion comparison, ability comparison, body control belief, overall Comparison Orientation, body shame, body surveillance and lastly objectified body consciousness. As the data's increasing variability or inconsistency is indicated by lower to higher standard deviation (SD) values, scores of Married women's perceived social support is the lowest inconsistent, followed by both groups' opinion and ability comparisons, body control beliefs, overall comparison tendencies, body shame, body surveillance, and objectified body consciousness scores.

TABLE 3: shows the t values and level of significance between two groups regarding Comparison Orientation along with its two dimensions — Ability Comparison, Opinion Comparison; Perceived Social Support; and Objectified Body Consciousness including its three domains — Body Surveillance, Body Shame, Body Control Belief.

VARIABLES		T VALUE	SIGNIFICANCE
COMPARISON ORIENTATION	**ABILITY COMPARISON**	-2.200	**0.029***
	OPINION COMPARISON	-2.191	**0.030***
	TOTAL COMPARISON ORIENTATION	-2.493	**0.014***
	PERCEIVED SOCIAL SUPPORT	2.204	**0.029***
OBJECTIFIED BODY CONSCIOUSNESS	**BODY SURVEILLIENCE**	2.307	**0.023***
	BODY SHAME	2.344	**0.021***
	BODY CONTROL BELIEF	-1.062	0.291
	OBJECTIFIED BODY CONSCIOUSNESS	2.147	**0.034***

** $p<0.05$ DF = 120

The above table presents t test statistics for Comparison Orientation along with its two dimensions — Ability Comparison, Opinion Comparison; Perceived Social Support; and Objectified Body Consciousness including its three domains — Body Surveillance, Body Shame, Body Control Belief among Married and Unmarried Working Women. In the domain of ability comparison, the t value is -2.20 and the difference between two groups is found to be significant as p value 0.029 is less than the 0.05 level of significance. For opinion comparison the obtained t value is -2.191 and the difference is statistically significant as p 0.30 is less than 0.05 level of significance. Furthermore, a statistically significant difference in total Comparison Orientation has been found indicated by p value of 0.014 which is below the 0.05 level of significance with a t value of -2.493. Regarding Perceived Social Support the obtained t-value of -2.191and a corresponding p-value of 0.030 indicates a statistically significant difference at the 0.05 level. married and unmarried working women differ significantly at 0.05 level of significance in

the area of Body Surveillance as indicated by a lower p value of 0.023 and a t value of 2.307. With the p value of 0.021 which is less than 0.05 level of significance and a t value of 2.344. The statistically significant difference between married and unmarried women has been found in the Body Shame domain. On the other hand, in area of the Body Control Belief there is no significant difference between the two groups as p value 0.291 which is greater than 0.05 level of significance and the corresponding t value has been found to be -1.062 .Despite this, the overall statistical analysis of Objectified Body Consciousness revealed a significant difference between married and unmarried working women indicated by the obtained p value of 0.034 which is less than 0.05 level of significance with the t value of 2.147.

DISCUSSION

The objective of the present research was to find out the difference between Married and Unmarried Working Women regarding Social Comparison Orientation along with its two dimensions — Ability Comparison, Opinion Comparison; Perceived Social Support; and Objectified Body Consciousness including its three domains — Body Surveillance, Body Shame, Body Control Belief.

Table 1 shows mean values of Social Comparison Orientation along with its two dimensions — Ability Comparison, Opinion Comparison; Perceived Social Support; and Objectified Body Consciousness including its three domains — Body Surveillance, Body Shame, Body Control Belief among Married and Unmarried Women. Social Comparison Orientation along with Ability Comparison and Opinion Comparison was measured using the Iowa Netherlands Comparison Orientation Measure where the total scale score can be ranged from 11 to 55 while ability comparison and opinion comparison domain scores can be ranged between 6-30 and 5-25 respectively. The mean score of Ability Comparison of married and unmarried women are 15.98 and 18.20 respectively indicating unmarried mean score is higher than the married women. The mean scores of 17.05 and 18.41 in the area of opinion comparison indicating that unmarried women scored more in this domain. Furthermore, in the overall comparison orientation area the mean scores of the aforesaid groups were found to be 33.03 and 36.36 respectively indicating higher mean scores of unmarried women than married women. Following the previous range the score of comparison orientation along with the two components can be fallen under average category. Unmarried working women are more likely to engage in continuous education, which often requires them to compare their skills and knowledge with others. Glick et al. (2017) suggests that women who pursue higher education or professional development tend to develop stronger self-assessment and comparative skills. This constant interaction with academic and professional standards encourages them to compare their abilities and opinions with those of their peers.According to Erikson's theory, younger/unmarried individuals are still navigating identity formation and intimacy development (Erikson, 1968).This ambiguity in roles (worker, daughter, partner, etc.) can lead them to seek validation and benchmark themselves against others to gain a sense of self-worth.According to a study done by Singh & Sinha, 2013, unmarried working women often face dual pressure: to be successful professionally and also conform to cultural expectations (marriage, looks, etc.) which leads them to compare their status, relationship progress, and lifestyle

with peers, often triggering comparison-based self-assessment. A study by Vogel et al., 2014 indicates frequent comparisons, especially upward, can lead to stress, dissatisfaction, and anxiety, especially in career and body image domains linked with lower self-esteem and imposter syndrome in professional settings.A study by Dr. Ghosh (2012) on Life Satisfaction Among Married and Unmarried Women of Ranchi Town supports this as she found that Married women have higher life satisfaction in compare to unmarried women. Unmarried working women often experience greater social mobility and fluid peer networks, which increases exposure to diverse benchmarks, making comparison more likely. The Perceived Social Support is measured using Multidimensional Scale of Perceived Social Support with the total scores ranges of 1-2.9 considered as low support,3-5 as moderate support and 5.1-7 as high support. The mean score 5.43 and 5.04 among married and unmarried women respectively indicates that the married women have higher score in this area. Moreover, married women fall under the high support category while unmarried women fall under moderate support category. According to our Indian culture marriage is a crucial social milestone, especially for women. Married women are often viewed as more respectable and socially settled, which leads to greater acceptance and support from family and society. Unmarried women may face subtle social pressure or reduced validation, affecting their perceived support. married women are perceived as fulfilling a socially approved role, which may lead to more positive social appraisal and emotional support. Society may be more responsive or empathetic toward their dual roles. (Umberson, D., & Montez, J. K. 2010). Marriage tends to expand one's social network through connections like in-laws and couple friends, offering further opportunities for emotional and practical support. This extended network buffers stress and enhances overall well-being (Antonucci & Akiyama, 1987). The Objectified Body Consciousness along with the three domains i.e Body Surveillance, Body Shame,Body Control Belief among Married and Unmarried Women was measured using The Objectified Body Consciousness Scale using McKinley and Hyde 1996. The range for each subscale can be 8-56 for and 24-168 for the total scale. The mean scores of married women is found to be 30.28,29.44,33.10,92.82 in the area of Body Surveillience,Body Shame,Body Control Belief and total Objectified Body Consciousness respectively. On the other hand, the mean scores of unmarried women are found to be 26.77,25.59,34.31 and 86.67 in the area of Body Surveillance, Body Shame, Body Control Belief and total objectified body consciousness respectively. So it can be said married women obtained higher mean score in Body Survellience, Body Shame as well as in total objectified body consciousness but not in body control belief. According to Grabe, Ward, and Hyde (2008), cultural ideals about femininity and body image often become

more intense for women once they are married or have children. Fairlie et al. (2018) found that women balancing work and family roles may experience a sense of inadequacy related to meeting social ideals of femininity, which translates to increased body shame. According to Objectification Theory by Fredrickson and Roberts (1997), married women are often socialized to internalize an observer's perspective, leading them to view their bodies as objects for others' evaluation. This phenomenon can be more pronounced in married women due to social norms around sexuality and marital status, which can amplify body surveillance and shame. Objectification theory suggests that the objectified gaze in media and interpersonal relationships can be internalized more intensely by married women, who may feel they need to conform to socially constructed ideals of beauty and youth. Married women, particularly in cultures with traditional gender roles, may face greater domestic responsibilities, caregiving roles, and time constraints, leading to less prioritization of personal body control or health-related activities.According to role strain theory (Goode, 1960), competing demands of multiple roles (e.g., spouse, employee, mother) can lead to less investment in self-regulatory behaviors like exercise or diet control.

Table 2 shows that SD values of Social Comparison Orientation along with its two dimensions — Ability Comparison, Opinion Comparison; Perceived Social Support; and Objectified Body Consciousness including its three domains — Body Surveillance, Body Shame, Body Control Belief among Married and Unmarried Women. The SD values of Ability Comparison, Opinion Comparison and Total Comparison Orientation among unmarried women are 5.240,2.974,6.501 respectively. In contrast married women obtained higher SD values in those domains that are 5.685,3.832,8.151 respectively which indicates greater variability. Regarding Objectified Body Consciousness the SD values of body surveillance and body shame among married women shows greater inconsistency with the SD values of 9.156,10.511 than the unmarried women as their SD values are 7.566,7.372 in those area respectively. However, in the Body Control Belief area almost same inconsistency can be found as indicated by the SD values of 6.311 and 6.310 among married and unmarried women respectively. The SD value of total Objectified Body Consciousness came as the most inconsistent among all variables with the SD values of 18.337 among married and 12.807 among unmarried women. On the other hand Perceived Social Support with the lowest SD values of 0.860 among married women and 1.066 among unmarried women indicates the most consistent data among all other variables though unmarried women still showed inconsistency to some extent than the married women.

From the table 3 it can be said that there is a significant difference among married and unmarried women regarding Comparison Orientation including its two components ability comparison and opinion comparison. Hence it can be said the null hypothesis is rejected. According to the study on Changes in Social Comparison Orientation over the Life-span by Abraham P. Buunk, Pieternel D Dijkstra, Harke A. Bosma SCO was highest among people specially women of 19 years or younger, decreased substantially with increasing age until the age of 60, after which it increased moderately. This indicates that marital status, as something that tends to be related to age and life stage, could have an impact on SCO tendencies. As unmarried women samples of the current study are mostly younger than the married women this research partially support the current study. Further, Park and Baek(2018) through their investigation into social comparison on Facebook, marital status can influence psychological well-being differently and that married,divorcee who had greater ability-based comparison inclination had mixed effects on emotions, whereas unmarried having opinion-based comparisons reported more favourable emotions like optimism and inspiration and less negative ones like envy and depression. Thus, the differences in Comparison Orientation between married and unmarried women in the current study might be explained partially by differences in marital status and emotional reactions to social comparisons, as suggested in earlier research.

From the table 3 it can be said that there is a significant difference among married and unmarried women regarding perceived social support. Hence it can be said the null hypothesis is rejected. Qadir et al. (2013) discuss marital relationship and perceived social support and their influence on the mental health of married Pakistani women. Marital well- being is promoted by social support, indirectly lowering risks to mental health.As the perceived social support among married women are greater than unmarried women this research partially supports this study. Fernandes, Sanyal, and Dhupar (2016) carried out a study to investigate the inter-relationship between perceived social support, positive and negative affect, and psychological well-being in married and widowed older persons. Results showed that there were significant differences between those who were married and those who were widowed in terms of positive and negative affect and psychological well-being but no gender differences existed in these variables. Furthermore, significant correlations were found among perceived social support, affect, and psychological well-being which indicates that supporting social networks may play a role in successful aging.

From the table 3 it can be said that there is a significant difference among married and unmarried women regarding Body Surveillance, Body Shame and

overall Objectified Body Consciousness. Hence it can be said the null hypothesis is rejected.But there is no significant difference among married and unmarried women regarding Body Control Belief. Hence it can be said the null hypothesis is not rejected. Fitzsimmons, Bardone-Cone, and Kelly investigated OBC in the context of eating disorder recovery(2012) and found that women who were fully recovered and non-clinical showed equally low levels of body surveillance and of body shame. Rather surprisingly, however, body control beliefs and related measures such as weight/shape self-efficacy were stable across all groups, independent of recovery status, highlighting the relative invariance of control beliefs when other aspects of OBC are changing.As samples of current study are all from non clinical group and the result of the current study indicates average scores including stable body control belief across married and unmarried women,this research findings can partially support the current study. The research Body Consciousness and Self-Objectification in Female Collegiate Students of Kolkata by Shristee Rai and Geetika Sachdeva(2017) investigates the role of cultural and societal factors in the sexual objectification of women. The research points out that women tend to internalize the external view of their bodies as the ideal and thus engage in constant self-monitoring, which intensifies when they are with men and is heightened even further through comparisons with thin friends or sisters. The availability of an observer worsened self-surveillance and amplified weight concerns.After marriage it can be assumed that comparison with thin sisters or friends or presence of men can increase so this findings partially supporting this study. A cross-cultural comparison regarding objectified body consciousness conducted by Crawford et al. (2008) between mothers and daughters in Nepal and the United States found that, strong body control beliefs regarding body control were consistently present in both groups, again pointing to the stability of this component of OBC across demographic lines.The current study partially supported by this finding as body control beliefs are consistent across both married and unmarried.

CONCLUSION

From the above table it can be concluded that

- The first hypothesis that there is no significant difference between married and unmarried woman regarding Ability-Based Comparison, is rejected.
- The second hypothesis that there is no significant difference between married and unmarried woman regarding Opinion-Based Comparison, is rejected.
- The third hypothesis that there is no significant difference between married and unmarried woman regarding a Comparison Orientation, is rejected.
- The fourth hypothesis that there is no significant difference between married and unmarried woman regarding Perceived Social Support, is rejected.
- The fifth hypothesis that there is no significant difference between married and unmarried woman regarding Body Surveillance, is rejected.
- The sixth hypothesis that there is no significant difference between married and unmarried woman regarding Body Shame, is rejected.
- The seventh hypothesis that there is no significant difference between married and unmarried woman regarding Body Control Belief, is accepted.
- The eighth hypothesis that there is no significant difference between married and unmarried woman regarding Objectified Body Consciousness, is rejected.

LIMITATIONS

The limitations of the study are mentioned below:

- The sample size is quite small that may limit the generalizability of the findings to broader population.
- Due to time constrains non probability sampling was done.
- Participants with major mental and physical health issues were not included in this study. It was necessary to evaluate any physical or mental issues using screening tools that may detect any discomfort even though participants had not reported any existing health or mental conditions. Due to lack of time this could not be used.
- Self-report measures may cause social desirability bias to some extent
- The sample is only from West Bengal that may lack diversity which can impact the applicability of the result into broader aspect.

IMPLICATIONS

- As new information revealed through this study organizations can develop wellness programs that address issues like social comparison and body image, with sensitivity to marital roles and responsibilities.
- Marital status influences psychological experiences; therefore, women mental health support and counselling could consider different emotional and social needs of married and unmarried women.
- The information can be used for women empowerment by raising awareness.
- The difference in perceived social support indicates a need for customized support systems. Married women may have access to spousal and family support, while unmarried women might rely more on friendships or workplace relationships. Interventions should reflect these dynamics.
- Since married women may face additional family-related responsibilities, flexible work arrangements can reduce stress and improve self-image.

FUTURE RESEARCH RECOMMENDATIONS

Some future research recommendations that can be made from this study are suggested below

- Further study can include larger and more diverse samples for broader generalizability.
- Statistical analysis by comparing married and unmarried working women of different cultural or regional contexts may reveal how different societal norms and expectations shape comparison orientation, perceived social support, body consciousness differently.
- Future research can explore the correlations among comparison orientation, perceived social support, body consciousness differently. Moreover one can examine including additional variables like job satisfaction or social media use etc
- Designing and testing interventions (e.g., self-esteem workshops, social support programs) can help evaluate practical ways to reduce negative comparison and enhance support systems for women.
- Future studies can compare women from different professional sectors (e.g., healthcare, education, corporate) to explore how workplace culture interacts with marital status to affect these constructs.
- Conducting studies by including marital or relationship satisfaction and/or relationship quality may clarify whether the marital status differences are rooted in the presence of a partner or in the quality of that relationship.

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APPENDIX

INFORMED CONSENT

You are invited to participate in a study conducted by myself, Purbita Bagal, a final-year MSc student in Applied Psychology at Sister Nivedita University, Kolkata under the supervision of Prof Sudeshna Roy. This study is a component of my final year dissertation which involves completing three questionnaires about some psychological aspects among employed women and I would appreciate your assistance as it will aid me in finishing my research.There are no right or wrong answer. Some questions may be sensitive, but your responses will remain confidential and used only for research purposes.

Your participation is voluntary, and you can withdraw at any time without penalty. Your name will not be revealed, and only the researcher will have access to your data. Once the study is completed and data is analyzed, any identifying information will be destroyed. Your honest responses are valuable to the success of this research.

If you have any doubts or queries, feel free to contact me [Mail id : purbitabagal43@gmail.com Contact no 8981231990]. By signing below, you confirm that you understand the study and voluntarily agree to participate.Thank you for your participation and cooperation.

Participant's Name(Initials are accepted): _____

Signature of Participant: _____

Date: _____

Signature of Researcher: _____

Date: _____

SOCIODEMOGRAOHIC DATA

Name [Initials] :

Age :

Gender :

Educational Qualification: 12th Pass/Graduate/Postgraduate/Doctorate

Occupation :

Marital Status : Married/Unmarried

Locality of Residence: Urban/ Rural/Sub-Urban

Family Type : Nuclear/Joint/Extended

Family Income [annual] : High/Medium/Low

History of any Chronic Physiological Illness/Disability:

Specify if any :

History of any Diagnosed Psychiatric Condition/Psychological Disability:

Specify if any :

QUESTIONNAIRE 1

"Most people compare themselves from time to time with others. For example, they may compare the way they feel, their opinions, their abilities, and/or their situation with those of other people. There is nothing particularly "good" or "bad" about this type of comparison, and some people do it more than others. We would like to find out how often you compare yourself with other people. To do that we would like you to indicate how much you agree with each statement below, by using the following scale."

(I disagree Strongly) A B C D E (I agree strongly)

	A Disagree Strongly	B Disagree	C Neutral	D Agree	E Strongly Agree
I often compare how my loved ones (boy or girlfriend, family members, etc.) are doing with how others are doing.					
I always pay a lot of attention to how I do things compared with how others do things.					
If I want to find out how well I have done something, I compare what I have done with how others have done.					
I often compare how I am doing socially (e.g., social skills, popularity) with other people.					
I am not the type of person who compares often with others. (reversed)					
I often compare myself with others with respect to what I have accomplished in life.					
I often like to talk with others about mutual opinions and experiences.					
I often try to find out what others think who face similar problems as I face.					
I always like to know what others in a similar situation would do.					
If I want to learn more about something, I try to find out what others think about it.					
I never consider my situation in life relative to that of other people. (reversed)					

QUESTIONNAIRE 2

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you Very Strongly Disagree ; Circle the "2" if you Strongly Disagree ; Circle the "3" if you Mildly Disagree ; Circle the "4" if you are Neutral ; Circle the "5" if you Mildly Agree ; Circle the "6" if you Strongly Agree ; Circle the "7" if you Very Strongly Agree

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
There is a special person who is around when I am in need.	1	2	3	4	5	6	7
There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
My family really tries to help me.	1	2	3	4	5	6	7
I get the emotional help & support I need from my family.	1	2	3	4	5	6	7
I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
My friends really try to help me.	1	2	3	4	5	6	7
I can count on my friends when things go wrong.	1	2	3	4	5	6	7
I can talk about my problems with my family.	1	2	3	4	5	6	7
I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
My family is willing to help me make decisions.	1	2	3	4	5	6	7
I can talk about my problems with my friends.	1	2	3	4	5	6	7

QUESTIONNAIRE 3

Please indicate your level of agreement with the following statements regarding your body perception.

	Strongly Disagree	Disagree	Somewhat Disgree	Neutral	Somewhat Agree	Agree	Strongly Agree
I rarely think about how I look. *							
I think it is more important that my clothes are comfortable than whether they look good on me. *							
I think more about how my body feels than how my body looks. *							
I rarely compare how I look with how other people look.*							
During the day, I think about how I look many times.							
I often worry about whether the clothes I am wearing make me look good.							
I rarely worry about how I look to other people. *							
I am more concerned with what my body can do than how it looks. *							
When I can't control my weight, I feel like something must be wrong with me.							
I feel ashamed of myself when I haven't made the effort to look my best.							
I feel like I must be a bad person when I don't look as good as I could.							
I would be ashamed for people to know what I really weigh.							

NORMALITY TEST

		kolmogorov-Smirnov a		
	group	statistic	df	sig.
Ability Comparison	1	0.101	61	0.196
	2	0.077	61	.200
Opinion Comparison	1	0.09	61	.200
	2	0.143	61	0.083
Comparison Orientation	1	0.108	61	0.073
	2	0.146	61	0.083
Perceived Social Support	1	0.072	61	.200
	2	0.096	61	.200
Body Survellience	1	0.042	61	.200
	2	0.124	61	0.021
Bodyshame	1	0.111	61	0.061
	2	0.052	61	.200
Body Control Belief	1	0.132	61	0.06
	2	0.089	61	.200
Objectifed Body Consciousness	1	0.074	61	.200
	2	0.113	61	0.05